PART B - FEE(S) TRANSMITTAL

OCT 0 4 2007	y)		or <u>Fax</u>	Commissioner for P.O. Box 1450 Alexandria, Virg (571)-273-2885	or Patents ginia 22313-1450	should be completed where
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				Aaron Grunk	erger	(Depositor's name)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/746,604	12/22/2000		Geoffrey George Swee	eney	11938/1	- 1011
FITLE OF INVENTION: IN	NTEGRATED MONI	TORING SYSTEM				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1440	\$300	\$0	\$1740	10/29/2007
EXAMINE	ER .	ART UNIT	CLASS-SUBCLASS	\neg	1110	
DONAGHUE, LARRY D 2154		709-224000				
. Change of correspondence	n of "Fee Address" (37	2. For printing on t	he patent front page, li	st		
CFR 1.363). Change of correspond	lence address (or Cha	nge of Correspondence	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is regulred.	ion (or "Fee Address	" Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
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(A) NAME OF ASSIGN		diction of this form is NC	data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)			
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Please check the appropriate	assignee category or	categories (will not be p	orinted on the patent):	Individual 🖾 Co	orporation or other private gr	oup entity Government
a. The following fee(s) are	submitted:	4	o. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)			
Issue Fee Publication Fee (No s	mall entity discount r	ocrmitted)	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of	Copies 10		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).			
. Change in Entity Status a. Applicant claims St			☐ h Applicant is no.	longer claiming SMA	LL ENTITY status. See 37 C	FP 1 27/a)(2)
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Authorized Signature	All Alle	tes Patent and Trademar.	k Office.	Date C	ctober 1, 200	7
Typed or printed name	Aaron Grund	perger		Registration N	Jo. 59,210	
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